FROM PRACTICE TO GROUNDED THEORY pdf

1: Factors Influencing Family Physician Scope of Practice: A Grounded Theory Study

Grounded theory is the methodology most-often cited by authors of qualitative studies in medicine, but it has been suggested that many 'grounded theory' studies are not concordant with the methodology.

She thinks that she has to be good and behave well because of her beliefs; therefore she demonstrates a good behavior. This will cause ethical issues and misbehavior by the nurse. In this situation the patient encounters the worst behavior. Humiliation is intense, physical withdrawal is often seen and aggressive behavior is routine. One of participants stated: Another participant also stated: Nurses believed that they do not have any motivation or desire to perform well when they are not supported well. In that situation I do many things for her. I have been so stressed at times that I have thought of quitting. The nursing administrator has changed my mind during those stressful moments by being caring, loving and supportive and I have decided to stay in spite of low pay and benefits. They could tolerate more with the support of their coworkers. It seems like we live together seven hours a day major part of our day. You may not believe this, these relationships has been very helpful and caused us to have a very strong unit. We care for each other in times of weakness, illness or pressure". Moreover, there were not any data indicative of the modifying effect of the factors proposed in this article on the psycho- somatic responses to burnout. Nurses with positive characteristics had a non-threatening evaluation of their confrontations, therefore they cared better for their patients. Stuart and Sundeen referred commitment as representative of whatever important for the person. It includes decisions the person considers as necessary in his life and it can direct people to or far from the conditions which could be threatening, noxious or probably useful [22]. Participants pointed mostly to religious beliefs as a modifying factor. In this study, when inhibitory factors were persistent and frequent, even positive personal characteristics defeated. Selye concluded that the influence of stressors on a person depends on the number of stressors that must be confronted in a time, the duration of confrontation and existence of previous experience with the same stressors [23]. This happened more in infectious dressing rooms, where nurses had the closest longest contact with the bare bodies of burn victims. There were only one dressing room with 18â€”27 patients per each day for dressing and some of nurses had been there for more than 28 years. Patients with different characteristics treated differently. Nurses changed their caring behavior with different patients. When these characteristics appraised as positive, caring behaviors improved, and when it was negative, the worst kind of behaviors occurred. Patients with extensive burns received the worst kind or care. Nurses stated that caring for these patients is futile. Some authors have found according to their clinical practice that nurses have the ability to adjust their approach and their style of interaction with different patients. They pointed that delineation of these behaviors would be a significant contribution, yet to date these styles of care have not been explored [27]. In this study some patients received a natural care, but others faced with an ethical and in some instances a non- ethical care. Typically non- ethical cares was thoughtful, but in this case both the nurses and patients characteristics were negative and the appraisal was too threatening. In her discussion of caring, Noddings also distinguished between natural caring and ethical caring. According to Noddings, natural caring comes from a remembrance of being cared for, whereas ethical caring " is an active relation between my actual self and a vision of my ideal self as one- caring and cared- for" [28]. Other authors also proposed that nurses may care naturally or they may care out of a desire to be a good nurse [29]. Social support from head nurses, nursing administrators and peers made nurses to endure and tolerate in the face of problems. Lazarus proposed that the resources reducing the potential harm could be found in the environment and essentially in others who indicated one can rely on them [20]. Garrett and MC Daniel also concluded that other people in the work setting like supervisors and peers might limit depersonalization and emotional exhaustion [8]. Nurses had responded to burnout. These responses included emotional, attitudinal, psychosomatic, behavioral and organizational. This part of study indicated that the nurses and patients characteristics and interaction between these two factors had a very powerful effect on the responses and determined the kind of caring behavior. Moreover social support from managers e. We suggest that due to the intense staff shortage in these centers, the managers try to keep these nurses. The only way they can do this is by using stress reduction

programs. Data strongly indicated that these nurses need to rest periodically to preserve energy and to refresh their morale. Moreover, giving importance to moral and ethical aspects of care by managers could be helpful and motivating. Social support made the problems tolerable. Therefore we recommend nurse executives in burn centers of Tehran promote a work environment that help to decrease the perception of pressures and increase perceptions of social support. This grounded theory created several hypotheses in this stage. Nurses with specific traits were more resistant to burnout and were more caring. It is suggestive of conducting a quantitative research to test the relationship between personality traits, burnout and caring behaviors. It was a very new finding that needs to be investigated in more detail. Competing interests The author s declare that they have no competing interests. FO was the main supervisor, helped in analysis, and revised and edited the drafts. MN was co- supervisor and revised the drafts. The psychosocial functioning of nurses in a burn unit. Survey of perceived stressors and coping strategies among burn unit nurses. Maslach burnout inventory scale. Consulting psychologists press; Journal of Psychosocial Nursing. Burnout in psychiatric nursing. Journal of Advanced Nursing. Stress in the intensive care unit. Effectiveness of stress management training for nurses working in a burn treatment unit. Int J Psychiatry Med. A new look at nurse burnout: Motivation and burnout in volunteerism. Strauss A, Corbin J. Basics of qualitative research; Techniques and procedures for developing grounded theory. The discovery of grounded theory; strategies for qualitative research. Nursing research; the application of qualitative approaches. Qualitative research using grounded theory. In from practice to grounded theory; qualitative research in nursing. Essentials of nursing research; methods, appraisal, and utilization. The quality of care. Journal of American Medical Association. Guba E, Lincoln Y. Folkman S, Lazarus RS. The relationship between coping and emotion: Social Science and Medicine. MC Graw-Hill book co; The human act of caring: Canada hospital association publications; Principles and practice of psychiatric nursing. The stress of life. MC Graw hill book co; Benner P, Wruble J. The primacy of caring: American Journal of Critical Care. Concepts of caring and caring as a concept. The nature of nursing: In Truth in nursing inquiry.

FROM PRACTICE TO GROUNDED THEORY pdf

2: Grounded theory

This handbook gives a comprehensive overview of the theory and practice of Grounded Theory, taking into account the many attempts to revise and refine Glaser and Strauss' original formulation and.

Comments Abstract Background and Objectives: Despite the efforts of many organizations to increase the volume of rural health care providers, rural communities continue to experience a shortage of physicians. Analysis revealed two categories of factors that influenced choice of scope and maintenance of scope across a career: Contextual factors included the national health care landscape, the local setting, and personal factors. Results of the study were consistent with preexisting literature, but provide additional depth and suggest a theoretical relationship among factors. Health care in rural communities is confronted with a constant shortage of physicians. It has been well documented that individuals residing in rural communities experience exacerbated health issues, requiring a higher level of health care and physician involvement. Furthermore, the unique rural health care infrastructure may also present a challenge to physicians. This demand for full-spectrum health care providers contrasts with the growing trend of physicians narrowing their scope of practice. This can result in a decrease of knowledge and practice application for specified fields of practice, along with many other consequences. Evidence for this phenomenon is based on a research study of 13, family physicians taking the American Board of Family Medicine Maintenance of Certification for Family Physicians Examination. The researchers compared physicians taking the exam for the first time to those retaking it to recertify their medical competence. Results of the study documented a significant decrease in intent to practice many aspects of full-spectrum family medicine. For example, intent to practice obstetric medicine dropped from Many researchers, attempting to ameliorate the lack of rural physicians, have identified predictive factors of eventual rural practice of medical students ie, individuals raised in a rural environment, plan to practice in a rural setting, and those who have training experience in a rural residency. Furthermore, through the analysis of qualitative interviews with physicians from multiple stages of their career, this study organizes these factors into a cohesive model that describes the decision-making process to continue practicing full-spectrum rural medicine. Methods This study utilized grounded theory as the basis for design. Grounded theory is a process that guides the creation of new theories. Using a grounded theory approach allows the researchers to not only consider which factors influence the decision to pursue rural full-spectrum medicine, but also to understand the relationship among those factors. This understanding leads to the organization of these factors into a cohesive theoretical model. Grounded theory utilizes key informants from similar situations applying similar problem-solving techniques to develop a theoretical model. Typically this includes all areas that are not in or near cites of 50, or more inhabitants. Participants in this study were recruited through emails to residency programs that self-identified as training sites for rural full-spectrum family physicians. Given our interest in the decision-making process over time, recruited participants were grouped into three different categories: Participant selection criteria included having practiced in full-spectrum family medicine in one of the three mentioned time frames, and agreeing to a 10 to minute interview. Prior to the interview, participants were presented with informed consent outlining the research study. Consenting participants then took part in a phone interview. We created an interview guide that consisted of six base questions and follow-up questions to clarify and expand on key themes. The guide was based on interview guides from similar grounded theory studies, with the intent of balancing the needs of requesting similar data from all key informants while allowing the interviewer to pursue potential themes as they emerged. The six questions and subquestions were: When you were applying for residency, was it your intent to practice full-spectrum rural family medicine at that time? What experiences and values from life before residency would help me to understand how you made this decision? How would you describe the emphasis of your residency or later practice? By the end of your time there, how had your intent regarding future scope of practice and preferred setting changed? What factors or events led to any changes in those decisions that occurred during residency or later practice setting? Looking forward, do you foresee changing your scope of practice? If so, why and how? In an ideal world, what supports or other factors would have been helpful in

maintaining broad-spectrum, rural practice? Looking back at your career, how do you feel about the changes in your scope of practice and your current practice? The interviews lasted from 10 to 25 minutes. Phone interviews were conducted, audio recorded, transcribed, and then coded in NVivo 10 software for data analysis. The first stage included three interviews and focused on creating the protocol and building interviewer consistency. The second stage included 13 interviews. After these interviews, researchers designated valuable themes and constructed their initial theoretical model. The third stage consisted of five interviews and focused on following up on themes that were identified in the first two stages and further refinement with the developed model. Interviews were conducted by one or more of the researchers. Coding and analysis of the data were conducted successively to direct exploration of concepts in subsequent interviews and to further model development. Coding disagreement was resolved through team discussion until unanimous decision was obtained. Nine identified as male, and 12 identified as female. Eight were still within their third year of residency, nine were less than 10 years out of residency, and more than 10 years out of residency. At the time of the interviews, 18 practiced in rural or semirural areas, and three practiced in urban areas. The coding and analysis of participant interview transcripts identified two overarching categories of factors that influenced choice of scope and maintenance of scope across a career: Contextual factors noted by participants include the national health care landscape, the local setting, and personal factors. Regarding developmental stage, our key informants described envisioning a very broad scope before entering residency, delimiting scope in their current position, and envisioning continuing to narrow scope as they move toward retirement. Regarding the context, some influences on scope of practice are at the national and regional level eg, national policy, insurance, malpractice, major trends across time , some occur at the local level eg, hospital policy, relationships with specialists, local needs , and some at the personal level eg, preferences among the areas of scope, demands of family and life. Participants stated that there is limited opportunity to reclaim areas of scope once they have been let go, but other areas for growth open with advancement eg, opportunities for leadership, taking on new projects. The five themes identified within the broader health care landscape describe policies and generational shifts in health care that affect physicians nationwide Table 1. These factors are mostly external to the individual. Seven themes group together as personal factors. These are experiences and internal motivators that affect the decision to pursue rural full-spectrum medicine Table 3. The broader health care landscape influences the contextual factors, which in turn influence the personal factors. However, with this narrowing of their scope of practice, most physicians mindfully retain at least one area outside of ambulatory medicine. The vast majority of key informants reported feeling satisfied with their choice of family medicine and their current scope of practice. They describe large shifts in their scope across a career, but took satisfaction in their autonomy to make these changes at their pace and level of readiness. The data presented here is largely supported by the preexisting literature, but provides additional richness and personal perspectives to this field of study. Results of the present study would be useful at all levels of advocacy for full-spectrum and rural family medicine services. Medical schools may consider these experiences in screening applicants and guiding students toward family medicine. Residencies could benefit from identifying curricular and social elements that would encourage their trainees to matriculate to full-spectrum practice. Local communities and health care systems can use these experiences in recruiting family physicians. Decision-makers can propose laws and policies that support family physicians in maintaining full-spectrum rural practice. This research suggests a number of implications for training programs and physicians who wish to practice rural, full-spectrum family medicine. For residencies, there would be a benefit to modeling an environment conducive to rural, full-spectrum family medicine. For physicians practicing in rural areas, there seems to be a benefit from continually reassessing the evolving needs of the community, the local health care system, and the preferences of the family physician. Many key informants described seemingly unsustainable demands on their time and expertise. In urban areas, these pressures can be addressed through narrowing scope and moving to shift work. That is, our sample was comparatively small and lacked a comparison group. It is impossible to know if the sample represents the perspectives of the entire population of family physicians who envisioned a career in full-spectrum and rural practice. However, we are confident that our methodology adheres to standards that are typical for grounded theory. As is the goal of much theoretical research, this

model provides a framework for other studies to develop workable hypotheses. A first step would be to replicate this research on a larger group of similar participants with differing methodology. As this study is mostly retrospective, it would be informative to test the model ie, the new hypothesis in a prospective study to verify whether the interventions that address the identified themes result in more family physicians adopting and sustaining a full-scope practice. Family medicine training in rural areas.

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3: Factors involved in nurses' responses to burnout: a grounded theory study

Grounded theory (GT) is a research approach with origins in the interpretive tradition of symbolic interactionism. Its influence on knowledge generation in nursing began in the s and expanded over the next two decades.

Received Jun 17; Accepted Sep 9. This article has been cited by other articles in PMC. Abstract Background Qualitative methodologies are increasingly popular in medical research. In this paper we provide a worked example of a grounded theory project. Methods We documented a worked example of using grounded theory methodology in practice. Results We describe our sampling, data collection, data analysis and interpretation. We explain how these steps were consistent with grounded theory methodology, and show how they related to one another. Grounded theory methodology assisted us to develop a detailed model of the process of adapting preventive protocols into dental practice, and to analyse variation in this process in different dental practices. Conclusions By employing grounded theory methodology rigorously, medical researchers can better design and justify their methods, and produce high-quality findings that will be more useful to patients, professionals and the research community. In recent decades, qualitative researchers in health and medicine have founded specialist journals, such as Qualitative Health Research, established , and specialist conferences such as the Qualitative Health Research conference of the International Institute for Qualitative Methodology, established , and the Global Congress for Qualitative Health Research, established [1 - 3]. Journals such as the British Medical Journal have published series about qualitative methodology and [4 , 5]. Ethical Conduct for Research Involving Humans, and the Australian National Statement on Ethical Conduct in Human Research [6 , 7], have included chapters or sections on the ethics of qualitative research. The increasing popularity of qualitative methodologies for medical research has led to an increasing awareness of formal qualitative methodologies. This is particularly so for grounded theory, one of the most-cited qualitative methodologies in medical research [[8], p47]. Grounded theory has a chequered history [9]. This may be in part because there are few practical examples of grounded theory in use in the literature. To address this problem, we will provide a brief outline of the history and diversity of grounded theory methodology, and a worked example of the methodology in practice. Types one and two are the work of the original authors: Charmaz and Clarke were both students of Anselm Strauss. These components may appear in different combinations in other qualitative studies; a grounded theory study should have all of these. In the remainder of this paper, we will show how each of the characteristics of grounded theory methodology worked in our study of dental practices.

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4: How to do a grounded theory study: a worked example of a study of dental practices

Grounded theory methodology and procedure have become one of the most influential modes of carrying out qualitative research when generating theory is a principle aim of the researcher. This volume presents a series of readings that emphasize different aspects of grounded theory methodology and methods.

Identifying anchors that allow the key points of the data to be gathered Concepts Collections of codes of similar content that allows the data to be grouped Categories Broad groups of similar concepts that are used to generate a theory Theory A collection of categories that detail the subject of the research Once the data are collected, grounded theory analysis involves the following basic steps: Coding text and theorizing: In grounded theory research, the search for the theory starts with the very first line of the very first interview that one codes. It involves taking a small chunk of the text where line by line is being coded. Useful concepts are being identified where key phrases are being marked. The concepts are named. Another chunk of text is then taken and the above-mentioned steps are being repeated. According to Strauss and Corbin, this process is called open coding and Charmaz called it initial coding. Basically, this process is breaking data into conceptual components. The next step involves a lot more theorizing, as in when coding is being done examples are being pulled out, examples of concepts together and think about how each concept can be related to a larger more inclusive concept. This involves the constant comparative method and it goes on throughout the grounding theory process, right up through the development of complete theories. Memoing is the process by which the running notes of each of the concepts that are being identified are kept. It is the intermediate step between the coding and the first draft of the completed analysis. Memos are field notes about the concepts in which one lays out their observations and insights. Memoing starts with the first concept that has been identified and continues right through the process of breaking the text and of building theories. Integrating, refining and writing up theories: Once coding categories emerge, the next step is to link them together in theoretical models around a central category that hold everything together. The constant comparative method comes into play, along with negative case analysis which looks for cases that do not confirm the model. Basically one generates a model about how whatever one is studying works right from the first interview and see if the model holds up as one analyze more interviews. Theorizing is involved in all these steps. One is required to build and test theory all the way through till the end of a project. One goal is to formulate hypotheses based on conceptual ideas. Others may try to verify the hypotheses that are generated by constantly comparing conceptualized data on different levels of abstraction, and these comparisons contain deductive steps. Grounded theory method does not aim for the "truth" but to conceptualize what is going on by using empirical research. In a way, grounded theory method resembles what many researchers do when retrospectively formulating new hypotheses to fit data. However, when applying the grounded theory method, the researcher does not formulate the hypotheses in advance since preconceived hypotheses result in a theory that is ungrounded from the data. Instead, it has the goal of generating concepts that explain the way that people resolve their central concerns regardless of time and place. The use of description in a theory generated by the grounded theory method is mainly to illustrate concepts. In most behavioral research endeavors, persons or patients are units of analysis, whereas in GT the unit of analysis is the incident. When comparing many incidents in a certain area, the emerging concepts and their relationships are in reality probability statements. Consequently, GT is a general method that can use any kind of data even though the most common use is with qualitative data Glaser, , However, although working with probabilities, most GT studies are considered as qualitative since statistical methods are not used, and figures are not presented. The results of GT are not a reporting of statistically significant probabilities but a set of probability statements about the relationship between concepts, or an integrated set of conceptual hypotheses developed from empirical data Glaser A theory that is fitting has concepts that are closely connected to the incidents they are representing; this is related to how thorough the constant comparison of incidents to concepts was done. A relevant study deals with the real concern of participants, evokes "grab" captures the attention and is not only of academic interest. The theory works when it explains how the problem is being solved with much variation. A

modifiable theory can be altered when new relevant data are compared to existing data. A GT is never right or wrong, it just has more or less fit, relevance, workability and modifiability. A popular type of core variable can be theoretically modeled as a basic social process that accounts for most of the variation in change over time, context, and behavior in the studied area. It happens sequentially, subsequently, simultaneously, serendipitously, and scheduled" Glaser, All is data is a fundamental property of GT which means that everything that the researcher encounters when studying a certain area is data â€" not only interviews or observations but anything that helps the researcher generating concepts for the emerging theory. Open coding or substantive coding is conceptualizing on the first level of abstraction. Written data from field notes or transcripts are conceptualized line by line. In the beginning of a study everything is coded in order to find out about the problem and how it is being resolved. The coding is often done in the margin of the field notes. This phase is often tedious since it involves conceptualizing all the incidents in the data, which yields many concepts. These are compared as more data is coded, merged into new concepts, and eventually renamed and modified. On a related note, Strauss and Corbin , also proposed axial coding and defined it in as "a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories. The core explains the behavior of the participants in resolving their main concern. The tentative core is never wrong. It just more or less fits with the data. After the core variable is chosen, researchers selectively code data with the core guiding their coding, not bothering about concepts with little importance to the core and its subcores. Also, they now selectively sample new data with the core in mind, which is called theoretical sampling â€" a deductive part of GT. Selective coding delimits the study, which makes it move fast. This is indeed encouraged while doing GT Glaser, since GT is not concerned with data accuracy as in descriptive research but is about generating concepts that are abstract of time, place and people. Selective coding could be done by going over old field notes or memos which are already coded once at an earlier stage or by coding newly gathered data. Theoretical codes integrate the theory by weaving the fractured concepts into hypotheses that work together in a theory explaining the main concern of the participants. Theoretical coding means that the researcher applies a theoretical model to the data. It is important that this model is not forced beforehand but has emerged during the comparative process of GT. So the theoretical codes just as substantives codes should emerge from the process of constantly comparing the data in field notes and memos. Memoing[edit] Theoretical memoing is "the core stage of grounded theory methodology" Glaser Memoing is also important in the early phase of a GT study such as open coding. The researcher is then conceptualizing incidents, and memoing helps this process. Theoretical memos can be anything written or drawn in the constant comparison that makes up a GT. In memos, they develop ideas about naming concepts and relating them to each other and try the relationships between concepts in two-by-two tables, in diagrams or figures or whatever makes the ideas flow, and generates comparative power. Without memoing, the theory is superficial and the concepts generated are not very original. Memoing works as an accumulation of written ideas into a bank of ideas about concepts and how they relate to each other. This bank contains rich parts of what will later be the written theory. Memoing is total creative freedom without rules of writing, grammar or style Glaser The writing must be an instrument for outflow of ideas, and nothing else. When people write memos, the ideas become more realistic, being converted from thoughts into words, and thus ideas communicable to the afterworld. In GT the preconscious processing that occurs when coding and comparing is recognized. The researcher is encouraged to register ideas about the ongoing study that eventually pop up in everyday situations, and awareness of the serendipity of the method is also necessary to achieve good results. Serendipity pattern[edit] Serendipity is used as a sociological method in grounded theory, building on ideas by sociologist Robert K. Merton , who in Social Theory and Social Structure referred to the " serendipity pattern " as the fairly common experience of observing an unanticipated, anomalous and strategic datum which becomes the occasion for developing a new theory or for extending an existing theory. Merton also coauthored with Elinor Barber The Travels and Adventures of Serendipity [14] which traces the origins and uses of the word "serendipity" since it was coined. The book is "a study in sociological semantics and the sociology of science", as the subtitle of the book declares. It further develops the idea of serendipity as scientific "method" as juxtaposed with purposeful discovery by experiment or retrospective prophecy. Sorting[

edit] In the next step memos are sorted, which is the key to formulate the theory for presentation to others. Sorting puts fractured data back together. During sorting lots of new ideas emerge, which in turn are recorded in new memos giving the memo-on-memos phenomenon. Sorting memos generates theory that explains the main action in the studied area. A theory written from unsorted memos may be rich in ideas but the connection between concepts is weak. Writing[edit] Writing up the sorted memo piles follows after sorting, and at this stage the theory is close to the written GT product. The different categories are now related to each other and the core variable. The theoretical density should be stratified so that concepts are mixed with description in words, tables, or figures to optimize readability. In the later rewriting the relevant literature is woven in to put the theory in a scholarly context. Finally, the GT is edited for style and language and eventually submitted for publication. Most books on grounded theory do not explain what methodology details to include in a scholarly article; however, some guidelines have been suggested. This freedom is optimal when the researcher refrains from taping interviews, doing a pre-research literature review, and talking about the research before it is written up. These rules makes GT different from most other methods using qualitative data. No pre-research literature review. Studying the literature of the area under study gives preconceptions about what to find and the researcher gets desensitized by borrowed concepts. Instead, the GT method increases theoretical sensitivity. The literature should instead be read in the sorting stage being treated as more data to code and compare with what has already been coded and generated. Taping and transcribing interviews is common in qualitative research, but is counter-productive and a waste of time in GT which moves fast when the researcher delimits her data by field-noting interviews and soon after generates concepts that fit with data, are relevant and work in explaining what participants are doing to resolve their main concern. However, Kathy Charmaz counters this point, insisting that transcribing, coding, and re-coding are integral to the development of the theory. Talking about the theory before it is written up drains the researcher of motivational energy. Talking can either render praise or criticism, and both diminish the motivational drive to write memos that develop and refine the concepts and the theory Glaser

5: Grounded theory - Wikipedia

Grounded theory is a process that guides the creation of new theories. 12 Developed as a primarily qualitative methodology, grounded theory is inductive in nature, in that the aim of the study is not to test a particular hypothesis, but rather to create a hypothesis (ie, the theory). Using a grounded theory approach allows the researchers to.

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